Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		ſ	RATE	FEE	] [	RATE	FEE	
BASIC FEE										345.00	OR		690.00
TC	TAL CLAIMS		3 O minus 20=			· <i>[</i> 0			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS 2 minus 3 :				3 =	*			X39=		OR	X78=		
MU	LTIPLE DEPEN	IDENT CL	AIM PF	RESENT		· · · · · · · · · · · · · · · · · · ·			+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	<u> </u>	OR	TOTAL	870
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
ENT A		CLAIN REMAIN AFTE AMEND	ING R		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	.60		Minus	**	<u> 20 </u>	=		X\$ 9=		OR	X\$18=	
AME	Independent	· /		Minus	_ ***	· <u> </u>			X39=		OR	X78=	
	FIRST PRESE	NIATION	OF MU	LTIPLE DE	PENL	JENI CLAIM		Ī	+130=		OR	+260=	
								L	TOTAL			TOTAL	
		(Colum	ın 1)		(C	Column 2)	(Column 3)	Д	DDIT. FEE		/	ADDIT. FEE	
ENT B		CLAIN REMAIN AFTE AMENDN	NING R		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=	ľ	X39=		OR	X78=	
_	FIRST PRESE	NTATION	OF MU	LTIPLE DE	PENE	DENT CLAIM			+130=		OR	+260=	
								L	TOTAL			TOTAL	
		(Colum	ın 1)		(C	Column 2)	(Column 3)	А	DDIT. FEE		,	ADDIT. FEE	
ENT C		CLAIN REMAIN AFTE AMENDN	IS IING IR		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	t	=	<b> </b>	X39=		ł	X78=	
<u> </u>	FIRST PRESE	NTATION	OF MU	LTIPLE DE	PENE	DENT CLAIM		-	1		OR		<u>-</u> -
١.,	If the entry in colu	mn 1 is lees	than the	e entry in colu	ımn 2	write "0" in co	lumn 3		+130=		OR	+260=	
•••	If the "Highest Nui If the "Highest Nui If the "Highest Nui The "Highest Num	mber Previo mber Previo	ously Pai ously Pa	id For" IN TH id For" IN TH	IS SPA	ACE is less tha ACE is less tha	n 20. enter "20." .n 3, enter "3."	A1	TOTAL DDIT. FEE	ropriate box		TOTAL ADDIT. FEE Jimn 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

·	-	Total F	Tee Calculati	<b>0</b> a		
	Fac Cart	Tora. a (Trace)	Namier Eren X	g.,	F	<del>-</del>
•	Sm /L;			So Ency		T 1/1'
Bude Filing For	21/11/	$O_{i}$	_		•	
Total Claim; >20	297 (1)		- 19 .		150	
In Espandant Claum; >						• , ———
Malt Dep Claim Press	inc. <u>204 ( ) .</u>					
Succharge	207, 639				179	
English Translation	113			<del> </del>		
TOTAL FEE CALCU	CATION					
Fees due upon films	the applications					
Total Filing Fees Du	== 5		1000			
Less Filing Fees Subs	ಗಳಿಗತಿರ - 5					
BALANCE DUE	= 5		700			

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FORM OIPE-RAM-01 (Rev. 12/97)